


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000004446		
1. Entity Name SUBSEA CABLE CONTRACTING, INC.		
Principal Place of Business 235 WHITE HERON DR SANTA ROSA BEACH, FL 32459	Mailing Address 235 WHITE HERON DR SANTA ROSA BEACH, FL 32459	



03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-3691750	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARTLESON, RICHARD W JR 235 WHITE HERON DR SANTA ROSA BEACH, FL 32459		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		

SIGNATURE _____ (Signature: Typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when re-issuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARTLESON, RICHARD W JR 235 WHITE HERON DR SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARTLESON, KELLYANNE M 235 WHITE HERON DR SANTA ROSA BEACH, FL 32459
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**DO NOT WRITE
IN THIS SPACE**

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04/06/05-80057-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *KW Bartles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-05

850-622-9577